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**Comments:**

<b>Attorney Docket No. :</b>	297912004300
<b>Group Art Unit:</b>	Not Yet Assigned
<b>Examiner:</b>	Not Yet Assigned
<b>Application Number:</b>	10/500,518
<b>Filing Date:</b>	June 29, 2004
<b>Inventors:</b>	Heske
<b>Title:</b>	Biopsy Device for Removing Tissue Specimens Using A Vacuum Coaxial Cannula
<b>Attachments:</b>	Transmittal (1 pg.), Supplemental IDS (3 pgs.), PTO/SB/08a/b (1 pg.)

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PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

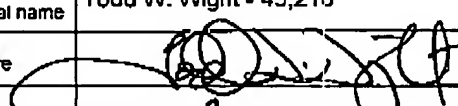
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/500,518	
	Filing Date	June 29, 2004	
	First Named Inventor	Norbert HESKE	
	Art Unit	N/A	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	5	Attorney Docket Number	297912004300

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	PTO/SB/08a/b (1 page)
<input checked="" type="checkbox"/> Information Disclosure Statement - Supplemental (3 pages)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<div>Remarks</div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP - Customer No. 25224 Todd W. Wight - 45,218
Signature	
Date	December 30, 2004

oc-287090

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Dated: December 30, 2004 Signature

(Linda J. Burleigh)

PATENT  
Docket No. 297912004300

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Norbert HESKE et al.

Serial No.: 10/500,518

Filing Date: June 29, 2004

For: BIOPSY DEVICE FOR REMOVING  
TISSUE SPECIMENS USING A  
VACUUM COXIAL CANNULA

Examiner: Not Yet Assigned

Group Art Unit: N/A

SUPPLEMENTAL INFORMATION DISCLOSURE  
STATEMENT UNDER 37 C.F.R. § 1.97 & 1.98

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. § 1.97 and § 1.98, Applicants submit for consideration in the above-identified application the documents listed on the attached Form PTO-1449. Pursuant to the USPTO notice dated July 11, 2003, waiving the requirement under 37 C.F.R. § 1.98 (a)(2)(i) to provide copies of U.S. Patents and U.S. Published Applications, copies of those references are not submitted. The Examiner is requested to make these documents of record.

oc-287088

PATENT  
Docket No. 297912004300

This Information Disclosure Statement is submitted:

- ☐ With the application; accordingly, no fee or separate requirements are required.
- ☐ Before the mailing of a first Office Action after the filing of a Request for Continued Examination under § 1.114. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- ☒ Within three months of the application filing date or before mailing of a first Office Action on the merits; accordingly, no fee or separate requirements are required. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- ☐ After receipt of a first Office Action on the merits but before mailing of a final Office Action or Notice of Allowance.
  - ☐ A fee is required. A check in the amount of \_\_\_ is enclosed.
  - ☐ A fee is required. Accordingly, a Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.
  - ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above; accordingly; no fee is believed to be due.
- ☐ After mailing of a final Office Action or Notice of Allowance, but before payment of the issue fee.
  - ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above and a check in the amount of \_\_\_ is enclosed.
  - ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above and a Fee Transmittal form (PTO/SB/17 is attached to this submission in duplicate.)

Applicants would appreciate the Examiner initialing and returning the Form PTO-1449, indicating that the information has been considered and made of record herein.

The information contained in this Information Disclosure Statement under 37 C.F.R. § 1.97 and § 1.98 is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does not exist;

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PATENT  
Docket No. 297912004300

(iii) the information, protocols, results and the like reported by third parties are accurate or enabling;  
or (iv) the above information constitutes prior art to the subject invention.

In the unlikely event that the transmittal form is separated from this document and the Patent Office determines that an extension and/or other relief (such as payment of a fee under 37, C.F.R. § 1.17 (p)) is required, Applicants petitions for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to Deposit Account No. 03-1952 referencing (297912004300). However, the Commissioner is not authorized to charge the cost of the issue fee to the Deposit Account.

Dated: December 30, 2004

Respectfully submitted,

By   
Todd W. Wight  
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ALTERNATIVE TO PTO/SB08a/b (05-03)

Substitute for form 1449/PTO		<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)		Application Number	10/500,518
		Filing Date	June 29, 2004
		First Named Inventor	Norbert HESKE
		Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
Sheet	1	of	1
		Attorney Docket Number	297912004300

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number Number-Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	1.	6,027,458	02-22-2000	Janssens	
	2.	US-2001/0011156-A1	08-02-2001	Viola et al.	
	3.	US-2002/0016555-A1	02-07-2002	Ritchart et al.	
	4.	US-2002/0082519-A1	06-27-2002	Miller et al.	
	5.	US-2004/0186393-A1	09-23-2004	Leigh et al.	
	6.	US-2004/0215103-A1	10-28-2004	Mueller, Jr., et al.	
	7.	US-2004/0249278-A1	12-09-2004	Krause	
	8.	US-2004/0249307-A1	12-09-2004	Thompson et al.	

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document Country Code <sup>2</sup> -Number <sup>3</sup> -Kind Code <sup>4</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

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NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>6</sup>

\*EXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature		Date Considered	
oc-290183			

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